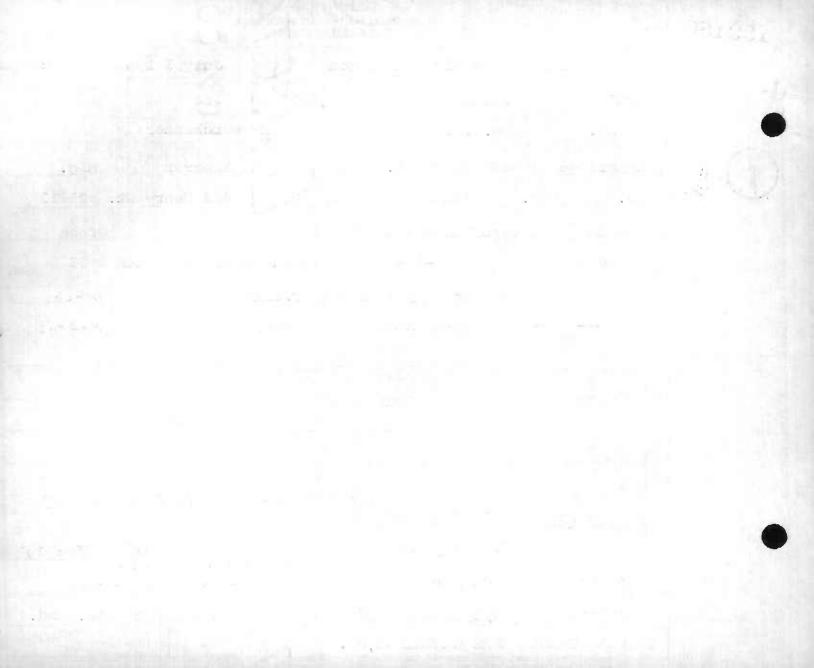
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 199150 - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2b HOUR (TYPE OR PRINT) William July 3 1985 Donald 8:50pm Anderson 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH 21,1930 male white 54 Aug BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Dorchester U.S.A. Md. DIVORCED IX NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cambridge 405 Henry St. laborer mfa. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 405 Henry St. 21613 Md. Cambridge Dor. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST John Thomas Anderson Ida Green ADDRESS (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 214-30-8364 James L. Anderson Item # No APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) MASSIVE INTERNAL BLUED MMED DUF TO OR AS A CONSEQUENCE OF Canditians, if any, which IN CARCINOMA OF ESOPHAGUS MONTHS gave rise ta immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION a 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY N CERTIFYING CAUSES OF DEATH? NO [ 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR latina MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY Ž 21d INJURY OCCURRED 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22a. I certify that (1) (this haspital) attended the deceased fram 19 85 and that in Law (aur) opinian death accurred an the date and hour and fram the causes stated did (did nat) view the body ofter death 22h SIGNA DEGREE 22c. DATE SIGNED FUNERAL 7-5-85 DIRECTOR PHYSICIAN 22e ADDRESS M=CARTER MD. 216/3 CAMBRIDGE, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL burial Cambridge Cemetery Cambridge Md. Dor. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 THOMAS FUNERAL HOME CAMBRIDGE, MD. (VR A 15 (4))

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH - 16 50M 4/83 (VRA 15, 4)

203446

- STATE

REGISTRAR

230 BURIAL CREMATION.

24 FUNERAL DIRECTOR

1:0070

DATE REC'D. BY REGISTRAN 758, REGISTRAN'S, SIGNATURE

26. HOUR

146. KIND OF BUSINESS OR

TYCER

sceme-as

130 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

HR

NO [

IF LINDER 24 HR

21413

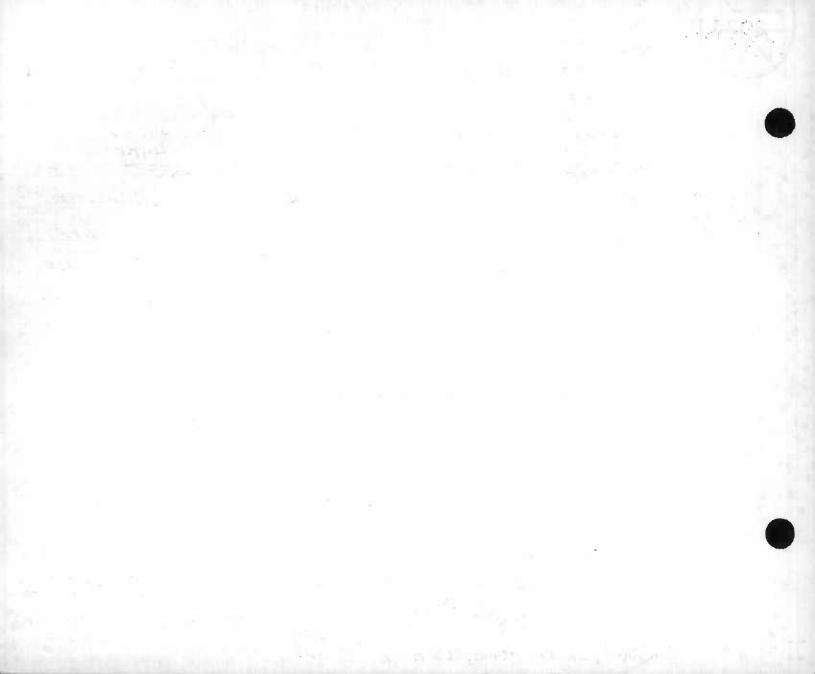
IF UNDER I YEAR

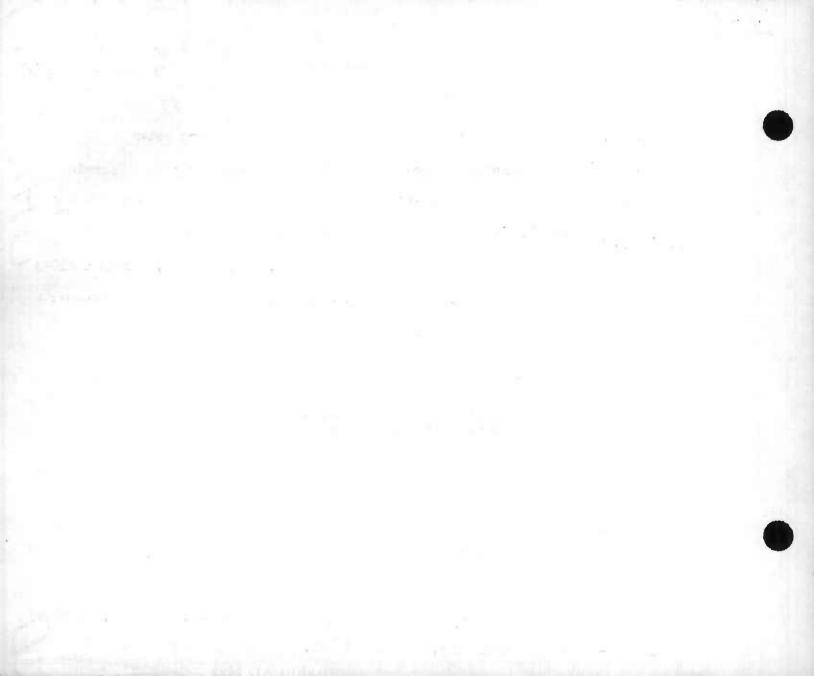
INDUSTRY

YES [

COUNTY

22c. DATE SIGNED

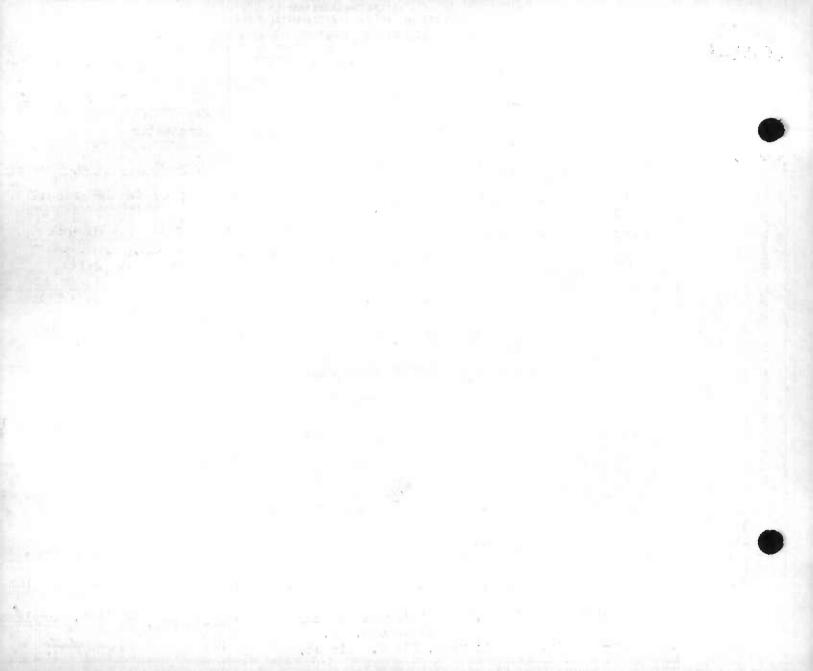




176091	FOR Item 21a thru 22a DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
1,0031	1- STATE 9-23-85 CT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGIND	0 9 5
10	1. DECEASED NAME FIRST MIDDLE LAST  (TYPE OR PRINT)  Chillins E-410 TT ST. DEATH MATER [ A	DAY YEAR 26. HOUR
EASE TOR. DURS PEET,	MILTON Phillips ELLIOTT Sr. DEATH MATED 6  3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE MONTH	DAY YEAR 2d HOUR
RY, PL DIREC DUR F 72 HC	MALE CAUL MONTH DAY YEAR LAST BIRTHDAY MONTHS DAYS HOURS MIN. PRONOUNCED DEAD	15 10 85 705
ESSA RESTAL PHIN	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY)	TY OF DEATH
ON THE PROPERTY OF THE PROPERT	MD. USA WIDOWED DIVORCED DOTCHESTER  ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK)	MD.
AD. 21201  1. IF ANY DELAY IS NECESSARY, PLEASE 2. AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. 2. SYOULD BE FILED WITHIN 22 HOURS. ALRECORDS, 201 W. PRESTON STREET,	EMBRIDGE  EASTERN SHORE HOSPITAL CENTER FOR MOST OF WORKING LIFE  FOR	OR INDUSTRY  AFRI
NY DE COLOR	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE (ITY LIMITS? 138. STREET ADDRESS RT	
2. A A A S S S S S S S S S S S S S S S S	MD, WICCMICO MARDELA SPRINGS NO MARDELA SPRINGS	HD. 2/837
F. H. A. C.	JOHN Benjamin Elliott MADORA Jane Phillip:	LAST
# # # P	160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 11/. INFORMANT ADDRESS	
1多能源一	(YES, NO, OR UNKNOWN)   IF YES, GIVE WAR OR DATES) 379-32-2341	70. X16/3
MAT DE DE	18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STON N 24 H N ITE N ITE NOVAL	910 S IMMEDIATE CAUSE (0) DROWN (NG	
	Conditions, if ony, which	
JED WITH! IN PENCIL! EXAMINER IAL-TRANS O MENTAL H DN, OR REA	gove rise to immediate (b)	
ZOI IN PEXA SIAL ON,	lying couse lost.	
OF VITAL RECORDS, 2011  ATE SHOULD BE EXECUTED  THE CHIEF MEDICAL EXAMILIA BE USED AS A BURIAL.  WENT OF HEALTH AND MEI  TO BURIAL CREMATION, C	PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	
JID BE EXE "PENDING" "PENDING" "F MEDICAL ED AS A BU HEALTH AN	TO DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED?	
SHOULD ORD "PE CHIEF N E USED / T OF HE/ URRAL	THE THE PRESSIDE A RECURRENT, 296.32  196 DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED?  216 EXTERNAL CAUSE WAS  216 TIME OF INJURY HOUR AM MONTH DAY YEAR  216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PA	20 AUTOPSY?
ATE SHO FE WORD THE CHILL THE CHILL TO BE US WENT OF	210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART ) OR PA	YES NO RT2)
S SEOSES	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 705 P.M. 6-15 1905 Pt. At ESHC Apparently wandor	overboard Drowned
S CERTING REITING RDED 1 SE 3 SH SE 3 SH COI PRICE	21d, INJURY OCCURRED 71e PLACE OF INJURY (ATHOME. 21f LOCATION	
WAR PAGE	WHILE AT WORK AT WORK OF CHOPTANK River STREET Cambridge Town Dorchest	r Md
AND THE STATE	22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my of	pinion
EXAMINER: CERTIFICATE FULD BE FOR I. DIRECTOR: I, WITH THE S.	death resulted from: Natural causes, Accident, Suicide, Homicide Undetermined manner,	
MAIN WAIN	ACTUAL SIGNATURE DATE MEDICAL EXAMINER SIGNATURE	6-17-85
ORE SET TO SEE SET TO SET T		0_0_0
TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR, AFTER POEMIN, WITH THE BARTIMORE, MARYLAND	TYPE OR PRINT) LAMES F. M=CARTER ADDRESS YOU AURORA ST. CAMBRIDGE	, AD., 216/3
574548 574548	730. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CHYPRIQUE OF COUNTY OF THE PROPERTY OF CREMATORY ACCOUNTY OF THE PROPERTY OF CREMATORY OF CREMATO	Maryland
BPITYO		
DHMH - 17 (VR A15 ME (5))	Marvel-Short Funeral Home Delmar, Delaware    1250 Date REC'D. By REGISTRAR 1251 REGISTRAR 1252 REGISTRAR 1253	Manage
1644.2 /90	[ A 4. P 4. G 5. D]	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 204145 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 144 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) 4. IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 1.3. RETAIN PAGE 5 FOR YOUR FILES. 2. SHOULD BE FILED, WITHIN 72 HOURS. 1. RECORDS, 201 W. PRESTON STREET, OF ESTI-LUKE 141 KENNERLY HACKETT P DEATH MATED 3 SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER I YR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED MALE CAUC DEAD 10 85 7 OYRS 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR NEVER MARRIED MARRIED FORFIGN COUNTRY Dorchester WIDOWED DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK IS CITY OF TOWN OF DEATH 126 KIND OF BUSINESS OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION ELDORA DO FARMER AG-RICKLTURE 168 A USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE 13n STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MD. ACX 168A RHODESDALE DORCHESTER EL DOR ADO NO [ AND 2 ST 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST MIDDLE FIRS1 FIRST CAR LUTTE LUKE KENNERLY EDNA BRADLKY HACKETT 16n WAS DECEASED EVER IN U.S. ARMED FORCES 7. INFORMANT GE ADDRESS NORTH PINEHURST (YES, NO, OR UNKNOWN) JOAN HACKETT 217-36-1180 No SALLIBURY. 21801 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORGNARY ARTERY DISCASE YEAR ! DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which YEARS (b) SEVERE CORGNARY ATHEROSCLEROSIS gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID ED AS A B CERTIFICATION USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BUI 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PM 19 21e PLACE OF INJURY TAT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK NOT WHILE AT WORK 22a I certify that I taak charge of the remains described above, held on Inspection and in my apinian Natural causes death resulted from: Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL 7-11-85 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME MECARTER (TYPE OR PRINT) LAMES ADDRESS 400 AURORA STREET DORCHESTER 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION July 14,1985 Burial Hillcrest Cemeterv Caroline, Maryland BP Federalshire 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Framptom- Hawkins Funeral Home, 216 DHMH-17 (VR A15 ME (5)) 15M 2/80



7/28/85

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Green Lawn Cem.

CAMBRIDGE MD.

26 HOUR

126. KIND OF BUSINESS OR

self emp.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE

85

IF UNDER I YEAR

INDUSTRY

Leonard

Item #

DAYS

YEARS

YES [

Cambridge

COUNTY

Dor.

77s. DATE SIGNED

7-26-85

MONTHS

26

BP DHMH - 16 50M 4/83 (VRA 15, 4)

burial

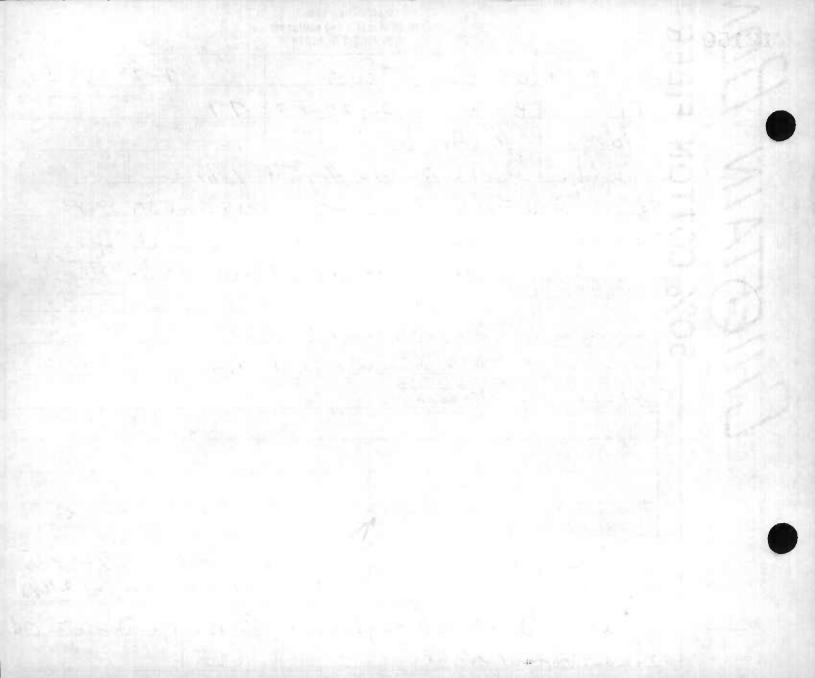
FUNERAL HOME

24 FUNERAL DIRECTOR

THOMAS

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				STATE OF MARYLAND		
The second second		FOR	DEPARTA	ENT OF HEALTH AND MENTAL HYG	SIENE	
212150/		STATE		CERTIFICATE OF DEATH	0 - 2 1	a 9 3
WILL STORY		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		EASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
noy be page 3	(TYPE	OR PRINT)	1-1 -	T	MY	1.8.02 505
o o o o		nanao	IDA E.	Jeurs	1-2	18-85 - 1W
od od	3. SE	(	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
tor. pfree		M	21	MONTH DAY YEAR	1 11	MONTHS DAYS HOURS MIN.
ect ect		1.1	Black	2-20-08	YRS	
8 50 0/	7a. B	RTHPLACE (STATE OR FOREIGN	L CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNTY	OF DEATH
4 20 Th		OUNT	1/51	MARRIED NEVER MARRIED		
in Je		/'/d.	11, 2, 71,	WIDOWED DIVORCED	Dorcherster Cou	inty MD.
D P	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
ofter o	1	1,1	THOT IN SUCH FACILITY, GIVE STREET	DORESS 1/	(TYPE OF WORK FOR MOST OF WORKING LIFE	E) INDUSTRY
, A	(	ambridge 1	Douch 25/er	- Grew Hospilal	laboren	
6 5 7 71	USU.	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE			
7 32 BA	130	TATE 134 COUN	1 7	11	13e STREET ADDRESS / ZIP CODE	
7 E8 E	/	14 16-	chester ampa	· dge YES NO	735 VINCST	1 2/6/3
4 42 4/11	14. F/	THER'S NAME		15. MOTHER'S MAIDEN NA	ME	
1 47/17/	h .	FIRST	AIDDLE LAST	FIRST	WIDDLE	, / PLAST
7 8004/1	1	dward	Jews	Fyhal	( >	v ilder
2 P 5 0 /		VAS DECEASED EVER IN U.S. ARA		RITY NO. 17 INFORMANT	ADDRESS	Camb.
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8 10 1/			2/4-07-8	3954A / largarey	76m2 /2, 111	UZJI. MY
2/11/2	1	III CAUSE OF DEATH (Enter onl	v one cause per line for (a), (b), one	ite		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 00			y one cause per line for (a), (b), and BY:			1 1
1 25 1		IMMEDIATI	CAUSE 10) ASYSTOLE	·		MINGTER
1 40 %	100	SERVE THE SERVE OF THE	DUE TO, OR AS A CONSEQUE	NCE OF		
2	20	Conditions, if ony, which	1 b) Electro	1 1 6	e ation	35 menetes
0 0000		gave rise to immediate	(b) C1-C110	TELESCIED DISS	2,000	
6 6755	20	couse (o), stoting the	DUE TO, OR AS A CONSEQUE	NCE OF		- 11. · 1
of the for		underlying cause last	1 sende M.	incerdial Inf	erction	31 hinutes
6 6 6 9		PART 2. OTHER SIGNIFICANT C		EATH BUT NOT RELATED TO THE TERM	BULL DISE ISS OF COMPUTATION	
0.50 €	2	A . OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO L	BEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART ITO
6	0	14/7 hermer	5 Visease			
11111	13	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		, WERE FINDINGS USED
7 5 5 5 5	E S	Company of the Compan				YING CAUSES OF DEATH?
E 8 1 1 1 2 2 2		S=1			- 4	S NO
2 2 2 3 1 m/a	8	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
5 A E 3 E	#	OR CONTRIBUTING CAUSE OF DEAT	In .			
28 833 4	보	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
E 2 2 2 2 2 /	MEDIC	21d. INJURY OCCURRED	21e. PLACE OF INJURY  (AT HOME STREET FACTORY, OFFICE, F.	211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
0 1 2 1 5 3	12	ORK NOT WHILE	, , , , , , , , , , , , , , , , , , , ,			
A 4 5 5 5			ly as find all the later	7/3/ 288	7/38	SEC 10
X = 4 3 2 =		220.1 certify that (1) (this haspite	al) attended the deceased from	19.00	, 10	19, that (1) (we) lost
日本 日立ちた		saw the deceased alive on obove 10 wet elia idid not		, and that in (my) (aur) apinion	death occurred on the date and hou	and fram the couses stated
在 50 00 00 00 00 00 00 00 00 00 00 00 00		27a SIGNATURE	aver egom.	DEGREE		22c DATE SIGNED
0,000		5111	11 -	ATTENDING	MEDICAL STAFF	17/20/05
A September		your	yllin	PHYSICIAN §	DIRECTOR   PHYSICIAN	1/2/83
8- 9-55 X		THE PHYSICIAN'S NAME ITH OF	PERST	22e ADDRESS		
o HOSPITAL burned by M D FUNERAL M the Stoth		Edmi. 1 TI	1-1-1-	10 44	. St Cambrid	- ml 2/6/7
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25.000	23a I	URIAL, CREMATION, REMOVAL	23b. DATE 23c N	AME OF CEMETERY OR CREMATORY	23d LOCATION	
DD		13"	1 1.31 190 1.	10 -10	CITY ONTOWN .	COUNTY / STATE
BP	-	Jula	Duly 31/10/1	Jay In Jane	MAMBAIGH	Northester 10
DHMH - 16 60M 7/84	24 F)	INERAL DIRECTOR	, , , , , , , , , , , , , , , , , , , ,	250 DAT	E REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE
(VRA 15, 4)	C	Taken TE	ex. / Wone	FILL	2 9 1985 Julia De	vidson-Mandelas
(100, 10, 4)	5	14wan FUN	Tall / You Te.	1.00	7 9 1300	



210053	1 -	FOR STATE REGISTRAR		DEPA	RTMENT OF H	EALTH AND MENTAL HY ICATE OF DEATH	GIENE RECEN	0 0	9 9	7
1 75		CEASED NAME FIRST Hazel		MIDDLE	Majors	Sr.	20 DATE OF DEATH  July	MONTH DAY 16 19		76 HOUR 5:20 pm
A A may	3. SEX	male	4 RACE Whi	te	5. DATE C		6 AGE IN YEARS LAST BIR	THDAY) IF UN MONTH		IF UNDER 24 HRS HOURS MIN
		RTHPLACE (STATE OF FOREIGN DUNTRY) Md.	76 CITIZEN OF		DV2 8	XX NEVER MARRIED	9 BALTIMORE CITY O		DEATH	MD.
to a star of	11	ty or town of DEATH ambridge	11. NAME OF	HOSPITAL, NU	RSING HOME ( treet address)	PROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Salesmar	OF WORKING LIFE) IN	th KIND OF NOUSTRY  furnj	BUSINESS OR Lture
LAND 212	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COULD DOT	NTY	GIVE RESIDENCE E	IOWN	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 304 Ga	y St.		21613
1109		Levin	Henry		ors	Ida	May		Hasse	ett_
TIMORE The exect Trages	16a V	VAS DECEASED EVER IN U.S. AF (ES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? E WAR OR DATES)		7-9025	Eileen H		Item		
physics physics moved, ween, the		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly ane cause per ED BY: TE CAUSE (a)		PIRAT	ary fal	LURE			ATE INTERVAL NSET AND DEATH
feeding the cortic		Canditians, if any, which		RAG A CONSE	CHRONI	E OBSTRUCTURE	, 60NG-DISE	18E	77	ishes
by the a		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, O			CARETTE			50	TYEARS
RDS, 20 mguires in signed Then ple intery, o	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN II	N PART 1(a)	
A RECO	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WI	HICH OPERATIO	n was performed	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	G CAUSES C	GS USED OF DEATH? NO [
OF VITT		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	OF INJURY ,M. MONTH .M.	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE O) INJU	IRY IN ITEM 18, PART 1	OR PART 2)	
VISION Otherson Otherson Otherson Otherson Otherson Otherson Otherson Otherson	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OF		211 LOCATION STREET	CITY OR TO	WN C	OUNTY	STATE
TEMBEN Hall or FIGS. Aft or use of the other		220.1 certify that (1) (this hasp saw the deceased alive a	1	1116		19 19 10 ad that in (my) (our) apiniar	ta	ate and have and	fram the co	nat (I) (we) last auses stated
The hosp of the ho		22b. SIGN of URE	Herdin	Please	- A	PEGREE ATTENDING	MEDICAL STA	FF	22c DATE S	185
HOSPITA sined by FUNERA Julie be di His fine Street		DOMERO P. M.	CW (26)	inns	M.D	388 GAY	Smeet G		UP Ge	140
2 € 2 8 † <b>2</b> —	23a. E	URIAL, CREMATION, REMOVAL SPECIFY) Durial		9/85		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Cambri	dge Do		STATE
DHMH - 16 60M 1/75 (VR A 15 (4))	24 FI	UNERAL DIRECTOR HOMAS FUNERAL	L HOME	CAMB		25a. DA	TE REC'D. BY REGISTRAR		SSIGNATU	RE LANCE

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BELLEVIEW - THE STREET WAS A STREET

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 204142 REGISTRAR REGINO. I. DECEASED NAME DATE KNOWN 26. HOUR (TYPE OR PRINT) 405 OF ESTI-S NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS W. PRESTON STREET, 1085 DEATH MATED DM George DATE OF BIRTH AGE (IN YEARS IF UNDER TYR 2d HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 405 26,1924 61yrs 19 85 DEAD Male White TO RIPTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED FOREIGN COUNTRY) Dorchester Co. Maryland US WIDOWED DIVORCED AGES 1, 2, AND 3 TO THE FUN RM PM 3. RETAIN PAGE 5 F 1 AND 2 SHOULD BE FILED, W 1 OF VITAL RECORDS, 201 W. A 201 W. O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Retired USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Cambridge NO [ Maryland Dorchester 504 Henry Street 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE George J Malkus Fischer Stella Kate 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION (YES, NO. OR UNKNOWN) I HE YES GIVE WAR OR DATES) Mrs. Lillian F. Malkus Item # Yes WW II 218-16-5845 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BURIAL-TRANSIT PERMIT. AND MENTAL HYGIENE, D ATION, OR REMOVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: SHOCK, TRREVERSABLE BLOWN LOSS MINUTES IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which (b) GUNSHOT WUUNDS OF CHEST MINUTES gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) USED AS A B CERTIFICATION WRITING THE VICTORIE VI 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] NO F 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR MOR UNDERLYING INFLICTED GUNSHOT WOUND CONTRIBUTING CAUSE OF DEATH 19 85 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNEAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) CITY OF TOWN NOT WHILE BOUNDARY AD. OFF FARM AT WORK AT WORK STUNE RIL CAMO DURCH, MD 22a I certify that I took charge of the remains described above, held on Autopsy and in my opinion Suicide . Homicide death resulted from: Natural causes Accident Undetermined manner TITLE (SPECIFY) ACTUAL DATE 7-9-85 SIGNATURE MEDICAL EXAMINER SIGNED EXAMINERS NAME AMES MECARTER , MD ADDRESS 400 AURORA STREET, CAMORIDGE, MD. 2161 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY (SPECIFY) STATE Burial Old Trinity Church BP 1250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNAT 24. FUNERAL DIRECTOR Cambridge. **DHMH-17** ADDRESS Thomas Funeral Home 700 Locust St (VR A15 ME (5) 15M 2/80 101

1-	FOR STATE				STATE OF MENT OF HEAL EXAMINER'S		NENTAL H			-		1 0	1	
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	Fi	lm G607 item 1:	SE STATE OF MARYLAND	
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ge 4 m ector, p	3. SE	female		ONTHS DAYS HOURS MIN.
To hour 72 hours		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY	OF DEATH
hun hun	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION	126. KIND OF BUSINESS OR
10 50		mbridge	Cambridge House Nursing Home TEachee	Sc. hool
within 24 hours	134	TATE 13b. COUN	TOTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  13d. INSIDE CITY LIMITS?  13e. STREET ADDRESS CAMB  HESTER CAMBRIDGE YES NO   1207 Hambrook	ridge, Md.
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TTEND Portol for us of Her 21 is r	ы		it) view the leady after death.	and from the causes stated
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		FORItem par	t 2 9-	23-85	S1	ATE OF N	ARYLAND AND MENTAL H	VGIENE			
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ER: TH ATE, W ORWA ORWA TE STA VD, 21;		22a. I certify that I t	ook charge of	the remains desi	cribed abave, held o	n Autop	y , Inspection	n , Inquiry	ond in my	opinion	
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STATE OF MARYLAND

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	SPECIFY)	cial			-0.0		CITY OR TOWN	+ 0***	COUNTY	STATE
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DHMH - 16 60M 7/84

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(VRA 15, 4)

Julia Davidson-Kanaalle

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STATE OF MARYLAND

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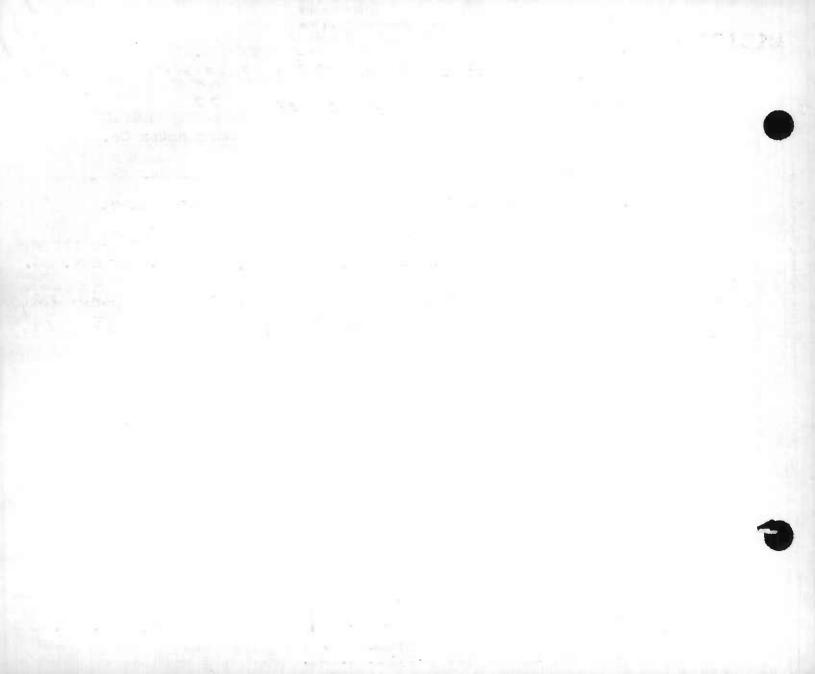
258. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Julia Davidson-Randall.

BP\_\_\_\_\_ DHMH - 16 50M 4/B3 (VRA 15, 4)

24 FUNERAL DIRECTOR

Thomas Funeral Home 700 Locust St.



- 1					STATE OF I					
1	1 -	FOR STATE REGISTRAR		DEP	CERTIFICAT	E OF DEATH	GIENE REG. N	2 0	1 0	8
		EASED NAME I	RST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR	25. HOUR
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	0.	Bucktown		DORCHEST		1.	PET?	265	INDUSTRY	
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4		MEDFOI	0.5	WII	-424	ELJ ZABET	CH		200	WE
1		AS DECEASED EVER IN		D FORCES? 16b SOCIAL	SECURITY NO. 17 IF	IFORMANT	ADDR	SS Rt	2 Box	68 A
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ı		18. CAUSE OF DEATH	Enter only	one couse per line for (a), (b	), and (c)	_				MATE INTERVAL
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2	CER	210. ACCIDENT WAS UNDER	l-and	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c	HOW INJURY OCCUP	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2}	
71	AL.	OR CONTRIBUTING CAL		P.M.	19					
	MEDICAL	214 INJURY OCCURRED		21e. PLACE OF INJURY		OCATION				
- 1	ME	WHILE NOT WHILE		(AT HOME, STREET, FACTORY, OF	FICE, FARM ETC )	STREET	CITY OR TO	NWO	COUNTY	STATE
-1		AT WORK			om 7/16	(11		111	100	
н		220 I certify that (1) (fl		attended the deceased fr			death occurred on the d	ate and hour o		tho (I) (we) lo
		obove (I) (we) did	(didust)	view the body after death.				ore one noor o		
		27k SIGNATURE	1	P 0 A4	DEGR	ATTENDING	MEDICAL STA	FF.	771. DATE	SIGNED
_			1	would	Jeerry	PHYSICIAN L			1//	6/83
		27d. PHYSICIAN'S NAM	E (TYPE OR P	RINT)	- 1 1/10	ADDRESS	211		0 1	0 11
		H	61 P	ERT L.	15/4/	503	BIRN	>/ (	MA	13, mg
	22 0	IDIAL COST. ATION OF		001 D 175	22 MANG OF COMEY	V 00 C00	TOTAL INCATIONI			

23c. NAME OF CEMETERY OR CREMATORY

DORCHESTER

DHMH - 16 50M 4/83 (VRA 15, 4)

THOMAS FUNERAL HOME CAMBRIDGE MD.

7/19/85

23b. DATE

230. BURIAL, CREMATION, REMOVAL SPECIFY)

DUTIAL

COUNTY

STATE

MD.

231. LOCATION
CITY OF TOWN
CAMBRIDGE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 212007 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME ESTI-DEATH MATED 7-20-85 RAYMOND SMITH WINGATE 3 SEX 4 RACE IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY YEAR PRONOUNCED male white 9,1923 4:50P 7-20-85 62 DEAD To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Dorchester County U.S.A. DIVORCED [ WIDOWED [ 10 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Painter, self employed, Dorchester General Hospital Cambridge 113b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Dor. Cambridge 505 Gav St. 21613 YEXX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Levin Barry Wingate Cora Johnson 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) Estella S. Wingate Item # 13 214-10-0816 No ICAL EXAMINER ALONG WIT A BURIAL-TRANSIT PERMIT. P. H AND MENTAL HYGIENE, DIV MATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In cachexia, dehydration 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION AT WORK AT WORLE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3: AFIRE DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.1 CITY OR TOWN 228. I certify that I took charge of the remains described above, held an Inspection Natural couses death resulted from: Accident Undetermined manner TITLE (SPECIFY) ACTUAL M.DASSISTANT MEDICAL EXAMINER DATE 7-22-85 SIGNATURE Gregory R. Kauffman, M.D. ADDRESS 111 Penn Street EXAMINER'S NAME TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION burial 7/64/1985 Green Lawn Cem. Cambridge Dor. 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR **DHMH - 17** THOMAS FUNERAL HOME CAMBRIDGE MD. (VR A1S ME (5))

STATE OF MARYLAND

